

ficult. In our patient computed tomography established an early diagnosis that led to prompt surgical intervention.

Replacement of the infected graft is associated with a high risk. A more conservative approach by debridement and irrigation with povidone iodine reduces the local bacterial count but generally does not effect a cure.² The major contributing factor to failure in treatment of mediastinal graft infections is the obliteration of the dead space because of the rigidity of the retrosternal compartment.³ An omental pedicel graft fills the dead space and reduces the potential for reinfection.⁴⁻⁶

As well as having anti-inflammatory properties, the omentum also contains an angiogenesis factor⁷ which encourages new blood supply and provides fibroblasts to enhance healing. This in itself may be of considerable importance in the management

of local sepsis. The omentum is large enough to be taken to anywhere in the body to treat graft sepsis.

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NOTICE

British Cardiac Society

The Annual Meeting will take place at
the Scottish Exhibition Centre, Glas-
gow on 30 April to 3 May 1991.

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